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# Fifteenth Quarterly Report

## Enhancing HIV/AIDS Prevention and Improving Reproductive Health in Zimbabwe (Phase II)

January - March 2005

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August 17<sup>th</sup>, 2005

Submitted by PSI/Zimbabwe to:

Department for International Development (DfID)

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HIV and TB Programme, Ministry of Health and Child Welfare

National AIDS Council (NAC)

Zimbabwe National Family Planning Council (ZNFPC)

PSI/Washington

Development Experience Clearinghouse

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## List of Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AIDSCORP	AIDS Control Response Program
ANC	Ante Natal Clinic
ARV	Anti Retro Virals
CDC	Center for Disease Control
CSW	Commercial Sex Worker
CYP	Couple Year of Protection
EOP	End of Project
FCSMP	Female Condom Social Marketing Program
FP	Family Planning or Food Program
GOZ	Government of Zimbabwe
HICS	HIV/AIDS Information & Counselling Service
HIV	Human Immunodeficiency Virus
ICO	Independent Clinics Organisation
IEC	Information, Education & Communication
IPC	Interpersonal Communication
IPMS	Integrated Private Medical Services
IRHP	Integrated Reproductive Health Program
IUD	Intra Uterine Device
KAP	Knowledge, Attitude & Practices
LSM	Living Standard Measure
MBO	Management by Objectives (internal monitoring mechanism for PSI)
MCAZ	Medicines Control Authority of Zimbabwe
MCSMP	Male Condom Social Marketing Program
MOHCW	Ministry of Health Child & Welfare
MOU	Memorandum of Understanding
NAH	New Africa House
NEMC	North Eastern Medical Centre
NGO	Non Governmental Organisation
NS	New Start
OA	Operating Agreement
OC	Oral Contraceptive
OTC	Over-the-Counter
PMD	Provincial Medical Director
PMTCT	Prevention of Mother to Child Transmission
RHAP BCC	Regional HIV/AIDS Project Behavior Change Communication
RTK	Rapid Test Kits
STI	Sexually Transmitted Infections
TB	Tuberculosis
TCI	Targeted Communication Initiative
TOT	Training of Trainers
VCT	Voluntary Counseling & Testing
ZNFPC	Zimbabwe National Family Planning Council

## **QUARTERLY PROGRESS REPORT**

<b>Name of Activity:</b>	<b>Enhancing HIV/AIDS Prevention and Improving Reproductive Health in Zimbabwe (Phase II)</b>
<b>Country:</b>	<b>Zimbabwe</b>
<b>USAID CoAg #:</b>	<b>CA 690-A-00-01-00148-00</b>
<b>DFID Accountable Grant #:</b>	<b>AG 2846</b>
<b>Implementing Agency:</b>	<b>PSI/Zimbabwe</b>
<b>Start Date:</b>	<b>01 August 2001 USAID 01 February 2002 DFID</b>
<b>End Date:</b>	<b>31 July 2005 USAID 31 January 2006 DFID</b>
<b>Total Budget:</b>	<b>\$14,400,000 USAID UK£ 11,270,000 DFID (additional UK£ 2,770,000 received during Q2 2004)</b>
<b>Current Obligation:</b>	<b>\$14,400,000 through 07/31/2005 (USAID)</b>
<b>Cost-Share Commitment:</b>	<b>\$4,414,825</b>

<b>Reporting Period Covered:</b>	<b>01 January – March 2005</b>
<b>Date of Report:</b>	<b>June 16<sup>th</sup>, 2005</b>

<b>Country Representative:</b>	<b>Michael Chommie</b>
<b>Program Manager:</b>	<b>Abby Bronson</b>

## **EXECUTIVE SUMMARY**

In January 2005, PSI/Z received its new Country Director, Michael Chommie. He had visited PSI/Z in September 2004 and was approved to lead the program by USAID. Michael had a week long handover from the Interim Country Director, Neil Boisen and took on full charge of the program in February 2005. Michael's immediate priorities for the program were to guide PSI/Z in the direction identified by the USAID/DFID joint review report and to ensure implementation of the review recommendations.

All departments within PSI/Z identified how to implement the review recommendations as well as maintain program momentum post the retrenchment exercise in December 2004. A number of strategic decisions were taken to implement the review recommendations, including increased coverage of male and female condoms in rural and high priority areas, expansion of VCT outreach services through the New Start network, improved linkages of New Start and New Life network with care and support organizations, launch of the Delayed Debut and Stigma campaigns, increased role of PLAs in programming, discontinuation of key aspects of the ProFam project and consolidation of interpersonal communication initiatives.

In line with the review recommendations, all sales and distribution efforts were focused on increasing coverage in rural areas and high priority areas such as mining areas, army and police camps, resettlement and commercial farming areas etc. Even though the male condom sales for the quarter under review were below target, a lot of progress has been made in terms of increasing rural penetration and opening new outlets in priority areas. The below target performance for male condoms was also due to the fact that the Protector Plus brand has been banned from electronic media for almost a year now. The sales team has made efforts to improve product and brand visibility, especially at the retail level through increased shelf space allocated for the brand, additional POS material for retail outlets and wall paintings in rural areas and border towns. In March, PSI/Z successfully conducted a Customer Appreciation Week for Protector Plus retail customers. Preliminary feedback from the retailers reflects that the appreciation week impacted positively on cementing the existing relationships. PSI/Z also continued to intensify distribution through strategic partnerships with FCTZ and Coca Cola Africa Foundation.

As a result of increased focus on key sales channels like hair salons and health care outlets (over 40% of total sales contribution), *care* female condom sales were over 10% above target. These sales channels are important for a product like female condoms as they provide increased opportunity for interpersonal communications activity to educate women on correct product use and improve condom negotiation skills among the women, especially those in regular relationships. The hair salon initiative is now well established in border towns and this also contributed significantly to the growth in sales volumes. This again is strategically in line with the overall product delivery objectives as it ensures targeted sales to high risk populations in border towns. The border town contribution for the quarter was 13% and given the number of salons and other *care* outlets is some very significant contribution.

A total of 40,309 clients were counseled and tested through the New Start VCT network. This showed a 6.3% decrease compared to the previous quarter as the entire network experienced a slow down in activities in the run-up to the parliamentary elections. In line with the review recommendation to expand VCT outreach services through the New Start centres, 15 centres (up from 10 centres in 2004) started providing outreach and a total of 9,676 clients (24% of total clients) were seen through outreach. A successful ‘Valentine’s Day’ promotion was conducted in February 2005 to increase the number of couples counseled and tested. The overall couples seen increased by 28% (489 couples) compared to the same period in 2004. 5 New Start centres also continued to provide counselling and testing services for PPTCT clients.

In response to the review recommendation to strengthen referral system for the New Start network, a Referral IPC coordinator was assigned to work closely with the New Start and New Life centres and all care and support organizations in those areas. The IPC coordinator will establish proper referral tracking systems for all clients who test HIV positive and improved relations with all care and support organizations. Also, in response to the review recommendation, PSI/Z has started implementing written test results for HIV positive clients at 5 pilot New Start centres. It is expected that this will improve their access to medical services and treatment.

PSI/Z also conducted capacity building workshop for all counselors from the New Life centres to improve their knowledge of care and treatment options for HIV positive clients and to enhance referrals and linkages from these centres. In an effort to expand the areas covered by the New Life centres, post-test support services were provided to other initiatives such as the CSW initiative in Glendale and to high risk groups at the Chirundu border post.

In an effort to develop a balanced communications portfolio and to focus limited resources on specific target groups, PSI/Z launched two new mass media campaigns, Delayed Debut and Stigma campaign. The Delayed Debut campaign is targeted at 13-19 year old boys and girls with the objective of promoting delaying onset of sexual activity. The campaign was launched on television and radio in the three main languages; English, Shona and Ndebele. This campaign was developed by PSI/W based on research across seven countries in sub-Saharan Africa. The campaign was extensively researched at all stages (storyboard development, concept testing and pre-testing) prior to the launch. All research results showed very high scores on relevance to local context, comprehension of the campaign objectives and key messages and overall likeability.

The review team has recommended developing a communications campaign to tackle HIV related stigma and discrimination. Review recommendations had also urged PSI to increase involvement of PLAs in major programmatic areas. In line with these recommendations, PSI developed a mass media campaign to tackle stigma and discrimination towards HIV positive individuals. The campaign is based on real life testimonials of HIV positive individuals and how stigma manifests itself in their everyday life. Throughout the development of the campaign, PSI worked very closely with PLAs from the New Life centres to develop the campaign structure, content and final executions. The campaign was launched in mass media (television, radio and print) in all three major languages; English, Shona and Ndebele.

According to the mid-term KAP in 2003, PSI needed to focus on improving condom efficacy scores among potential users. Condom efficacy has been identified as one of the major barriers to condom use, especially in high risk situations. In line with this, an innovative interpersonal communications initiative, Mr. Smart has been designed to promote product effective through interactive games and role plays. The overall objective of this initiative is to tackle myths and misconceptions related to condom efficacy and promote correct and consistent condom use. These games are based on the testing procedures used by MCAZ to verify the quality of all condoms sold in Zimbabwe. During the quarter under review, Mr. Smart contests were conducted along two major borer routes (Chirundu and Mutare). The events registered a very high interest from participants in these high risk areas.

Finally, research during the quarter focused on evaluating the quality, use and impact of PSI/Z's products and services. A major study conducted during the quarter was Project MAP. This is an upgraded version of a distribution survey and helps measure product availability and access. The main objective of Project MAP is to measure coverage (target area is reached as part of the social marketing program) and quality (where the area has stock outs, product visibility, correct pricing etc.). Research findings showed that overall coverage was very high in urban and rural areas. Results also showed that most retail outlets were charging the recommended consumer price for male condoms. However, certain improvement areas were also identified, including Masvingo urban and rural areas, Manicaland urban and Mashonaland West rural areas.

As mentioned above, PP consumer sales were showing a downward trend. A brand image and product quality study was conducted to identify some of the reasons for the slowdown in sales and to also understand deeper barriers to product use. Findings of the qualitative research showed that overall PP was still perceived as very high quality however there was potential to improve the image and excitement around the brand through increased marketing activities. It is also interesting to note that research identified several myths and misconceptions related to the product and use. Some of these are 'need to use more than one condom', 'condoms allow the HIV virus to pass through', 'condoms are too small for Zimbabweans' etc.

## ANALYSIS OF QUARTERLY PERFORMANCE

### i) Sales and Service Statistics:

#### Key indicators and targets:

1. 350,000 clients requesting HIV tests and receiving results at New Start centres by 2005, 86% LSM 1-6.
2. 150 million Protector Plus male condoms and 3,000,000 care female condoms sold
3. Sales of socially marketed hormonal contraceptives provide 480,000 CYPs.

#### Quarterly Sales Performance

Product/Service	QUARTER 1, 2005		2004		Project - To-date sales	Four - year LOP Target**	% Time Burn	% target
	Qtr Sales	Quarterly Target	Annualized Sales	Annual Target*				
Protector Plus male condoms	9,156,510	10,500,000	9,156,510	48,000,000	123,870,960	150,000,000	88%	82
care female condom	198,120	180,000	198,120	720,000	3,047,130	3,000,000	88%	102
Duofem oral contraceptive	168,350	158,700	168,350	700,000	1,800,700	2,790,750	88%	65
Marvelon oral contraceptive	131,030	126,000	131,030	500,000	1,676,120	2,036,250	88%	82
Exluton oral contraceptive	79,330	89,250	79,330	300,000	1,122,930	1,221,750	88%	92
Subtotal – Orals	390,110	378,951	390,110	1,520,000	4,599,750	6,048,750	88%	76
Depo-Provera injectable	25,057	20,100	25,057	80,000	373,250	337,800	88%	111
Hormonals CYP's	30,008	29,150	30,008	135,385	430,507	480,000	88%	90
New Start VCT Clients	40,309	22,000	40,309	88,000	398,573	350,000	88%	114

\* Annual targets for all products and services are internal to PSI/Z.

\*\* The 4-year LOP targets *care* those established in the revised proposed log frames. The revised set of life-of-project targets for Male Condoms Distributed (150,000,000); Female Condoms Distributed (3,000,000); New Start Clients Counselling and Tested (350,000) and Hormonal CYPs delivered (480,000) have been approved by USAID and DFID. The targets were revised from 100 million male condoms, 700,000 female condoms and 298,000 VCT clients as a result of the additional funding received from DFID in August 2004. Prior to the second revision the original targets were 50,000,000 male condoms, 700,000 female condoms, 160,000 CYPs and 150,000 new VCT clients.



Male condom sales were below target due to a number of factors including shorter working month for January and slow product off-take since the beginning of the month due to the media ban on the Protector Plus brand. Female condoms were above the quarterly target by over 10%. This increase in numbers can be attributed to the increased focus on the hair initiative in border towns through the Corridors of Hope project and direct involvement of commercial sex workers in the distribution of the product. There were also some increased distribution efforts within the hair salons and healthcare outlet types. These outlet types contributed to almost 60% of total female condom sales during the quarter. These outlet types also resulted in improvement in 'quality of sales' as there is increased opportunity for interpersonal communications by *care* promoters and hair dressers.

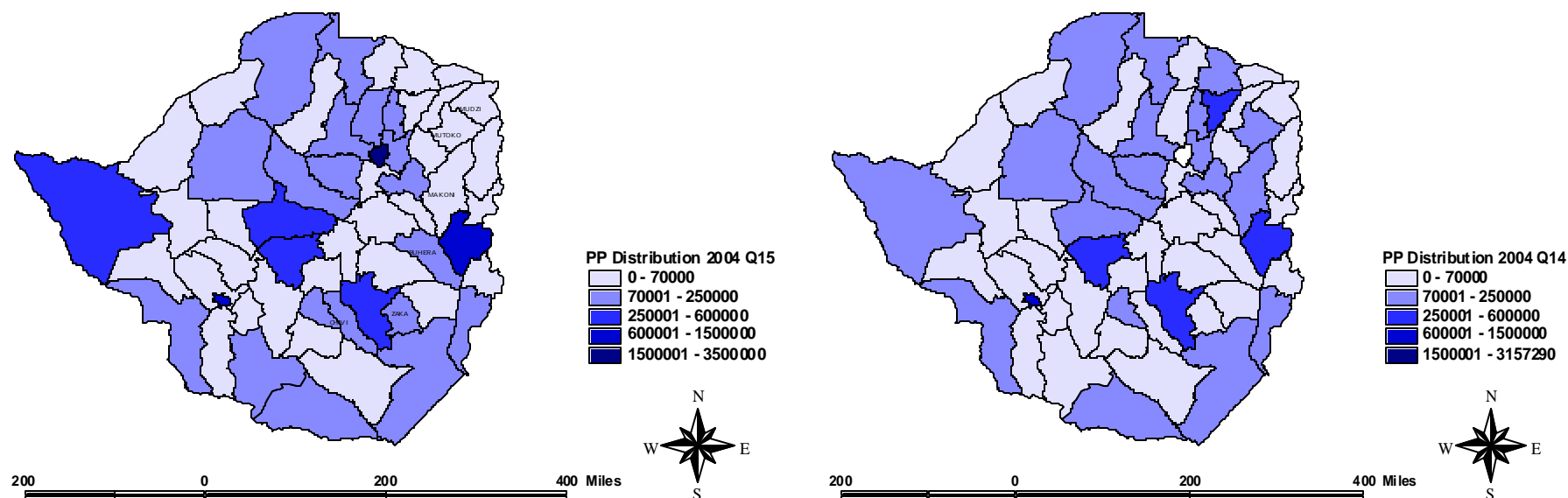
	High v/s low risk sales	Rural v/s Urban sales
Quarter Jan – Mar 05	83:17	31:69
Targets	60:40	30:70

The overall focus in 1<sup>st</sup> quarter 2005 has been to improve coverage in rural areas and special areas (army and police camps, resettlement and commercial farms, mining areas etc) in line with the recommendations of the review team. Even though the male condom sales were below the quarterly targets in terms of volumes, "the quality of sales" improved with increased focus on new areas like resettlement and commercial farms in Midlands, Manicaland, Matebeleland and Masvingo. Coverage also improved in other high risk areas such as mining areas, forestry areas and estates in the Lowveld region. The above ratios were achieved with a total of 91 new outlets being opened out of which 78 were in the high risk areas of rural communities, resettlement and mining areas. The strategy for the next quarter is to cover the remaining high risk *areas* in Manicaland and Mashonaland provinces.

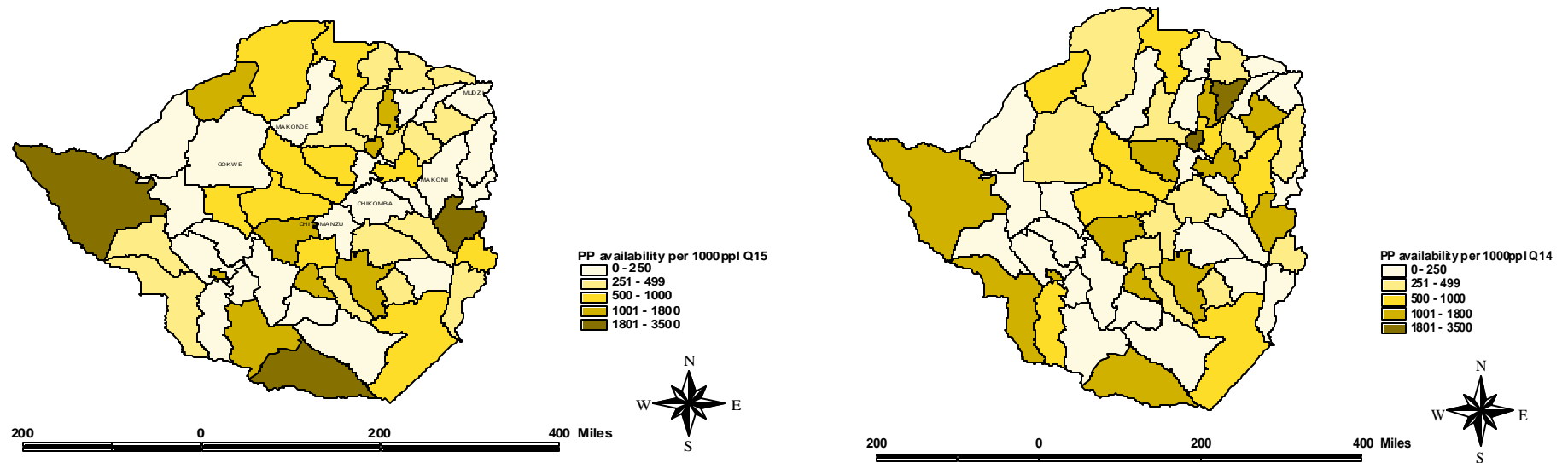
PSI/Z has used the Geographic Information System (GSI) to show distribution of male and female condoms by density of population for the period January and March 2005. An analysis between the 14<sup>th</sup> and 15<sup>th</sup> quarter distribution density has also been provided.

### **PP Coverage, Q15 2005**

The map below compares Protector Plus condom coverage trend between the 15<sup>th</sup> Qtr and 14<sup>th</sup> Qtr. Distribution in the populous Masvingo (South East) province, having the highest provincial HIV/AIDS rate, has improved, showing wider coverage and increased distribution in Chivi and Zaka (shown below) whilst distribution in the surrounding districts has been maintained. Distribution in Buhera, which has been relatively low in the past 4 quarters, has improved tremendously. Buhera is largely a rural district with the second highest district population density after urban Mutare. Distribution in most border districts has also been maintained throughout the quarter.

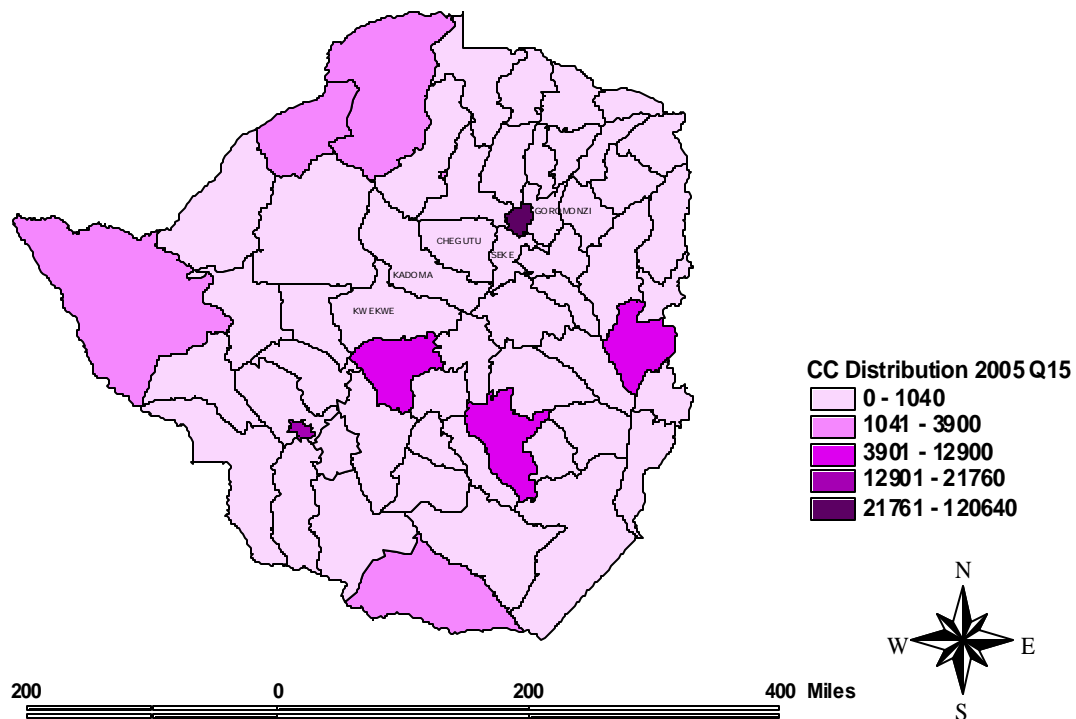


The following map illustrates PP distribution per 1000 people in each district between the 15<sup>th</sup> and 14<sup>th</sup> quarters. The focus on increasing distribution in rural districts has seen continued distribution improvement in the northern rural districts in Mashonaland Central since the 13<sup>th</sup> quarter. Distribution in the Hwange district (with a relatively high population in Matebeleland North) has continued improving, for the past three quarters. Makonde is the only district in Mashonaland West province whose distribution has been comparatively low for the past 4 quarters. This district and the neighboring Zvimba districts have also been showcased in the 14<sup>th</sup> quarter report as a region with a high density of mining areas with high population densities (an interest area for PSI Zimbabwe CSM program).



### CC Distribution, Q15 2005

This map depicts *care* female condom distribution in each district in the 15<sup>th</sup> quarter. The boarder districts (Corridor of Hope Program target regions) have shown relatively higher distribution than other districts. Distribution in most urban districts has also been high, except for Chegutu, Kadoma and Kwekwe urban districts which also have high population densities.



## **Narrative Report by Activity**

### **New Start Voluntary Counseling and Testing Services**

#### **I Key indicators and targets**

- 1. Recurrent cost per-client decreases to US\$36 in the final year of project.*
- 2. Seven (7) **New Start** integrated and three (3) **New Start** direct VCT centres operational at EOP*
- 3. Rapid Test Kits introduced in all operational **New Start Centres***
- 4. 60% of clients are offered information on at least one community group to provide follow-up support*

#### **II Executive Summary**

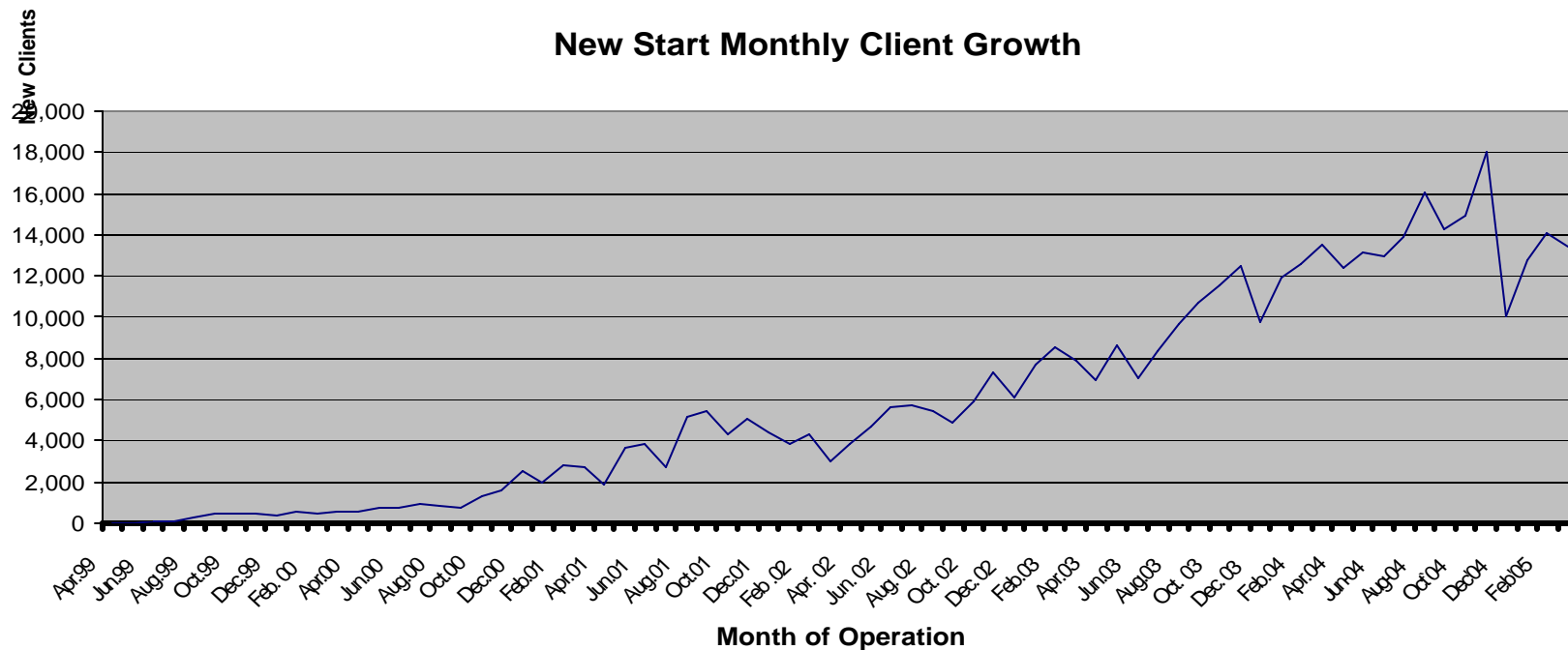
A total of 40,309 clients were seen this quarter compared to 43 015 seen in the previous quarter, a 6.3% decrease. This is attributable to the staff rationalization in December with the consequence of lower human capacity at the sites and reduced operating hours. The parliamentary elections period of 2 weeks in February affected client numbers at static sites and impacted heavily mobile VCT outreach activities. This however exceeded the quarter's target of 35 625 by 13%. Outreach contributed 24% (9 676 clients) of the total number of clients seen. A total of 489 couples (996 individuals) accessed VCT services during the two week Valentines Promotion in February. The Valentines promotion figures this year had risen by 27.7% compared to 2004 figures during the same promotion period. There was an increase of 16% in couples counseled as compared to the average number of couples counseled during the same period of time at all sites.. A total of 702 PPTCT clients received counseling and testing through 5 New Start sites, this was 1.7 % of the total number of clients for quarter 15. A referral coordinator has been appointed to improve the referral system from New Start Centers to post-test support service providers, especially for clients tested HIV positive. 5 pilot sites have been appointed to provide written HIV test results to consenting clients, who have been tested HIV positive and wish to access medical care. New Start network has been sensitized on TB screening tool. A performance assessment of all sites has been done during the quarter.

The VCT Training unit carried out the following courses:

- ♦ **The John Snow International-** VCT process and benefits-06/01/05
- ♦ **University of Zimbabwe community medicine students-** VCT presentation-21 January 2005-05-04
- ♦ **VCT Counselor refresher workshop** 24-26 January 2005-05-04
- ♦ **VCT Nurse Counselors -** HIV rapid testing

- ◆ **Stress management training** 27-28 January 2005-05-04
- ◆ **Delta workplace workshops**—Behavior change and VCT 24-28 January 2005
- ◆ **TB screening** training for VCT counselors – January/February 2005
- ◆ **New Life post test counselors** – Capacity building workshop February 2005
- ◆ **Pastors training at Pentecostal Bible College-** February 2005-05-05
- ◆ **FLASH-Catholic Students Association, University of Zimbabwe**—Behavior change—February 2005-05-05
- ◆ **Trans World Radio VCT presentation**—February 2005-05-05
- ◆ Continued working with church congregations on HIV and AIDS trainings

The graph below shows New Start client flow per month through March 2005



### **III    Q15    Workplan and progress against those objectives**

- **Follow up HIV written result issue with MOHCW**  
*Done, 5 pilot sites assigned to start with provision of HIV test results*
- **Assess performance at each site**  
*Done*
- **Enhance and consolidate outreach activities at all sites offering this service**  
*On going*
- **Provide vehicles for outreach to selected indirect sites**  
*Completed*
- **Incorporate ARV adherence counselling into our protocols**  
*Ongoing*
- **Incorporate TB screening tool into our post-test counseling protocols**  
*Completed*
- **Monitor and report on cost effectiveness of sites**  
*Ongoing*
- **Counselor refresher course**  
*Done*
- **Rapid test training for nurse counselors**  
*Done*

## **New Life Post-test Network**

### **I    Key indicators**

- *Number of clients receiving psych-social counseling*
- *Number of clients receiving ART adherence counseling*
- *Number of clients receiving nutritional counseling*
- *Number of clients attending group information sharing sessions*
- *Number of condoms distributed*

## **II Executive Summary**

- Nutritional package including nutritional counseling and provision of e’Pap extended to the entire New Life network with 95% increase in number of clients receiving nutritional counseling.
- Conducted Counselor capacity building training course to improve counselors’ knowledge on treatment and care options for HIV positive clients and to enhance appropriate referral.
- Technical support and collaboration with other PSI programs continued
  - Technical support to the Glendale CSW program for workplace.
  - Post-test support of clients tested HIV positive through VCT outreach program in high- risk areas, such as Chirundu boarder post.

## **III Quarterly Achievements**

Indicator	January	February	March	Total	% achievement of target
Psycho-social counseling	598	649	475	1722	120%
Adherence counseling	267	415	203	885	148%
Nutritional counseling	213	410	306	929	94%
E-pap sales (kgs)	385	494	314	1,194	58%
Group information sharing	1137	1886	1122	4145	132%
Condom distribution	47,238	49,600	28,540	125,378	102%

- Targets for all indicators redefined, including newly introduced indicators.
- 11% increase in number of psycho-social counseling sessions as compared to last quarter.
- 13 % reduction in adherence counseling sessions held as compared to last quarter, possibly due to staff shortage at New Life Centre Bulawayo.
- According to analysis performed on a sample of 239 ART patients on adherence, 82 % have adherence of 100%, 5.4% have adherence of 98%, 0.4% have sub-optimal adherence of <95%.



- 96% Increase of nutritional counseling sessions over the quarter, due to expansion of the nutritional counseling activities to 2 additional sites.
- Achievements for group counseling sessions stable as compared to last quarter.
- 36% decrease in number of condoms distributed through the network as compared to last quarter.

### **Quarter 16 Workplan objectives (April-June 2005)**

- Expansion of the MOHCW – New Life collaboration in adherence counseling to Parirenyatwa Hospital and Chitungwiza General Hospital.
- Increase collaboration with the expanded VCT mobile outreach program through post-test support services for people tested HIV positive.
- Improvement of linkages to other post-test service providers and strengthening of referral system through newly appointed referral coordinator.

## **Male and Female Condom Social Marketing (M&FCSM)**

### **I Executive Summary**

Male condom sales were below target and female condom sales exceeded the quarterly target. Among the factors contributing to the low performance for the male condom was the low product off take and the shorter working month in January when the sales team had their annual planning conference. Some of the factors also included low disposable income amongst consumers which is very typical in the first three months of the year. Despite the below target performance, great strides were made in increasing coverage in high priority areas like resettlement farms, mining areas, locations around the workplace initiative etc. 91 new outlets were opened in these areas to improve product access.

The Coca Cola distribution partnership helped increase product accessibility and availability in rural areas and over 81,000 male condoms were distributed through this initiative.

The female condom sales surpassed target while ensuring improvement in “quality of sales” i.e. focus on interpersonal communications activity to educate the women on correct product use. The extensive distribution in border towns along with the hair salon initiative ensured sustained growth and quality.

This is seen in the increased contribution of hair salon as a percentage of total sales (40%) and also the increased in the contribution of healthcare outlets. The border town contribution for the quarter was 13% and given the number of salons and other *care* outlets is some very significant contribution.

The strategy in the next quarter will be to extend the hair salon initiative to growth points in high prevalence areas. This will be done through the recruitment of new hair salons in the selected areas, hair dresser trainings and training workshop for *care* promoters to improve quality of the interpersonal communication activities.

The challenge for the next quarter will be to improve coverage of the resettlement areas that have been mapped for the distribution of male condoms in order to further improve accessibility and product availability in all areas.

## **II Q15 Work plan and progress against objectives**

### **Sales Highlights**

**Protector Plus (PP) sales by outlet type**

<b>Outlet type</b>	<b>Qtr 4 2004</b>	<b>Qtr 1 2005</b>	<b>% Q1/Q4</b>
LQ – Liquor	2,007,180	1,645,560	82
HS – Hair Salon	2,970	4,320	145
ST- Stockist	198,450	81,000	41
SU – Supermarket	1,746,900	1,581,390	91
TU – Tuck-shop	723,060	460,980	64
SE – Service Station	494,370	332,280	67
HE - Health Care	412,920	346,500	84
HO – Hotel	165,510	133,290	81
OR – Organization	279,090	177,930	64
WH – Wholesale	3,707,820	4,324,410	117
OT – Other	20,160	23,130	115
Resettlement	-	31,500	-
SA – Samples	10,890	14,220	131
<b>TOTAL</b>	<b>10,081,800</b>	<b>9,156,510</b>	<b>91</b>

- There was a decrease in sales in the quarter under review compared to the previous quarter because of the seasonality element where the highest sales normally come in the last quarter of the year and tend to decline in the first quarter. As already mentioned January was a short month in terms of working days for the sales team (stock audit and Annual Sales Conference). It has also been noticed that during the first quarter there is less disposable income and generally all fast moving consumer goods are adversely affected.
- The condom sales reflected in the hair salon channel was captured as having gone to that outlet type because the outlets order centrally for their other outlets. This is a data capture error which will be rectified in the next quarter. Otherwise there were no male condom sales to hair salons.
- There is a decline in condom sales to organizations because until last quarter, sales to organizations that participate in the workplace programme were also included in this category. The objective has been to reduce sales to all organizations but to improve sales in organizations that have conducted workplace training programmes for their employees as these are backed by interpersonal communication activities that focus on correct and consistent condom use.
- As seen above, resettlement farm was a new category created in the sales database to track sales to these specific areas. This was an important recommendation by the joint review team in July 2004 and is being implemented from Q1 2005. Similarly, sales to mining areas and workplace programme will also be separately tracked.

**% Contribution by outlet-type for PP sales - 2005**

<b><u>Outlet type</u></b>	<b><u>% Contribution</u></b>
Liquor	18
Supermarket	17
Tuck-shop	5
Service station	4
Healthcare	4
Hotel	1
Organization	2
Wholesale	47
Resettlement	1
Other	1

- Liquor outlets, which *care* a very high risk outlet type, continued the lead after wholesalers in terms of contribution towards total sales.
- Major in roads were also made in distributing through tuck shops in high density areas, however because they are typically small orders in terms of absolute volumes, their contribution seems insignificant but given the extent of coverage and their spread in the high risk areas this is quite significant.
- Another outlet type that had meaningful contribution given its low outlet numbers was the hotel category. This was vigorously pursued after the Sales Conference at the beginning of the year.

***care* sales by outlet type**

Outlet type	Qtr 4 2004	Qtr 1 2005	Q1/Q4 %
<b>HS – Hair Salon</b>	<b>52,480</b>	<b>80,028</b>	<b>152</b>
LQ – Liquor	2,360	2,160	92
SU – Supermarket	4,680	2,080	44
TU – Tuck-shop	1,120	880	79
SE – Service Station	120	1,460	1216
HE – Healthcare	108,680	65,560	60
HO – Hotel	620	80	13
OR – Organization	72,240	23,772	33
WH – Wholesale	2,720	17,180	632
OT – Other	3,100	1,560	50
IN – Individual	1,260	900	71
SA – Samples	2,980	2,440	82
<b>Total</b>	<b>292,560</b>	<b>198,100</b>	<b>68</b>

- *care* sales were below the previous quarter's performance. This was due to the increased focus on the hair salon initiative that ensures IPC (interpersonal communications) backing all sales but does not results in large volumes. There is a trade off between sales volume and 'quality' sales for female condoms but this is in line with the DFID OPR recommendations in November 2003.

- Hair salons and healthcare outlets contributed over 70% of total sales for female condoms. This strategy will be further pursued in the next quarter with the expansion of the hair salon initiative to high risk growth points in KweKwe, Kadoma and Chivhu and improvements in training workshops for *care* promoters and hairdressers.
- Border towns also contributed 13% to the total sales for the quarter. This is very significant given the few outlets that *care* in these areas compared to all other *areas*. The strategy employed in these towns is direct distribution by commercial sex workers and increased collaboration with the ground staff for the Corridors of Hope project.

**% Contribution by outlet-type for *care* sales – 2005**

Outlet type	% Contribution
Liquor	1
<b>Hair salon</b>	<b>40</b>
Supermarket	1
Tuck-shop	1
Service station	1
<b>Health <i>care</i></b>	<b>33</b>
Hotel	1
Organisation	12
Wholesale	9
Other	1

**PP and *care* sales against target for Quarter 1 2005 and Year-to-Date 2005**

Product	Sales	Target	% Var.	YTD Sales	YTD Target	% Var.
PP	9,156,510	10,500,000	-13	9,156,510	10,500,000	-13
<i>care</i>	198,100	180,000,000	+10	198,100	180,000,000	+10

- A negative trend in PP sales is displayed in the above table. Strategies to ensure increased product availability and extension of coverage will be adopted in the next quarter.
- Focus on increasing *care* volumes and their quality in coming quarter. This will involve extension of hair salon initiative to KweKwe, Redcliff, Kadoma and training hairdressers.

### **III Q16 Workplan Objectives (April to June 2005)**

#### **Sales targets for Quarter 2, 2005**

<b>Product</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
PP	4,000,000	4,000,000	4,500,000	12,500,000
care	60,000	60,000	60,000	180,000

- Expanded distribution in rural and resettlement areas in Mashonaland and the increasing coverage in the remaining areas in Manicaland, especially the forestry plantations and estates.
- Findings from Project MAP will be used to further identify focus and improvement areas for condoms sales in Zimbabwe.
- Quarter 2 will focus on field assessments and training for all sales staff. Skills audit to be done in-house and training facilitated both externally and in-house.
- Hiring of merchandisers for countrywide extension to key supermarkets and other outlets where product visibility and shelf space are prime
- Hairdressers training to support the hair salon network extension to KweKwe, Kadoma and Redcliff.

### **Targeted Communications Initiative (TCI)**

#### **I Executive Summary**

1. New Start Valentine's Day promotion recorded a 78% growth in the number of couples seen in two weeks compared to weekly average figures for direct sites. The promotion registered an increase in couples' client flow of 27% compared to the previous year's promotion. A record number of 489 couples representing 70% of monthly client figures were seen during the promotion period.
2. The 'Delayed Debut' mass media campaign was finalized this quarter for the launch in early April. Translations were done in local languages (Shona and Ndebele) for TV and radio. Pre-testing research was conducted for all executions among urban boys and girls to test relevance, comprehension and likeability.

3. Development of the 'Stigma and Discrimination' mass media campaign reached an advanced stage during the quarter. Formative research was conducted among PLAs (people living with HIV/AIDS) at the New Life centres to understand the issue related to stigma in everyday life. Candidates were identified for the four different executions to be developed in the three major languages (English, Shona and Ndebele).
4. Mr. Smart contests aimed at promoting condom efficacy were conducted along the Chirundu and Mutare border town routes. The objective of this initiative is to tackle myths and misconceptions related to condom efficacy and promote correct and consistent condom use. The events registered a very high interest from participants in these high risk areas.
5. Customer Appreciation Week for Protector Plus retail customers was successfully conducted in March. Preliminary feedback from the retailers reflects that the appreciation week impacted positively on cementing the existing relationships.

## **1. Branded Communications**

### ***New Start***

Valentine's Day promotion was designed to encourage couples to go through counseling and testing together at the New Start centres. The mass media campaign (TV, radio and print) was successfully launched in February. In line with the promotion objective of attracting couples, the advertisements featured the Studio 263 couple; Muvengwa and Siphilisiwe who underwent testing during the Studio 263 actors' public testing event.

It is important to note that the New Start brand was finally allowed back on mass media (TV and radio) during this campaign. The brand was banned from mass media since last March.

Development of the next phase of the 'Get Real' campaign was resumed in the last month of the quarter. The next phase of the campaign will focus on tangible benefits of knowing one's HIV status i.e. early treatment of OIs, PMTCT, discordant couples, preventing re-infection, staying negative etc. The campaign will include HIV positive and negative characters to address some of the deeper barriers to knowing one's status. Pre-testing of the creative concepts will be done in the beginning of the next quarter.

Calendars featuring Studio 263 actors who underwent counseling and testing were developed and distributed to all our stakeholders. These calendars, coupled with the MPs VCT calendars which were developed in the previous quarter will help maintain the momentum started by the public HIV testing events and address issue of stigma related to knowing one's HIV status.

### ***Protector Plus***

Customer appreciation week for the retail trade was successfully implemented in March. The objective of this promotion is to acknowledge and thank the commercial sector outlets for their support in promoting Protector Plus male condoms over the years.

Hampers with PSI promotional materials and condoms were distributed to key customers in the distribution network. Preliminary feedback from the retailers is encouraging and shows that the initiative impacted positively on building existing relationships.

A qualitative research was commissioned to explore issues of product quality, brand perception for Protector Plus and general barriers to condom use. The research was against a background of feedback received from the sales force about perceptions of poor product quality (whitish lubricant, smell etc.) The research study was conducted among current users and lapsed users of PP condoms in Harare and included 6 focus group discussions with men and women in the LSM 2 to 5 categories. Results for the study will be presented in the next month.

To improve product and brand visibility for Protector Plus male condoms, contract merchandisers were hired for the Harare region in the beginning of February. Based on the success of this pilot initiative in improving shelf space and product visibility, plans are underway to engage merchandisers in all the other regions. Product display racks were also produced for supermarkets and high risk outlets such as beer halls, bottle stores and night clubs in order to augment brand visibility in-store.

Condom efficacy brochures were produced and are being distributed through the various interpersonal communication initiatives as part of the strategy to improve condom efficacy scores. The condom efficacy brochure will further compliment the Mr. Smart events in tackling negative perceptions regarding the effectiveness of condoms.

### ***Care***

Branded aprons were produced and distributed to hairdressers in the hair salon initiative network as a way of motivating them to promote the product sales. The aprons will serve as a brand reminder in the salons.

New posters to promote the care female condom in hair salons were designed and produced during the quarter. The posters highlight latest hair style designs preferred by women in Zimbabwe.

Interpersonal activities in hair salons and home meetings continued to be the main channels for promoting the brand.

### ***New Life***

A lot of ground was covered during the quarter to develop some below the line communication for the New Life post-test support network. A detailed nutritional booklet specifically designed for people living with HIV/AIDS was finalized.

A New Life referral directory has also been developed to provide information on post-test care and support organizations. Information on all care and support organizations was updated using the site managers at all New Start centres and the ZAN directory. Information in the referral directory has been categorized by province, type of organization, target groups, services provided etc. for ease of use. The information will be updated regularly based on assessments of the post-test support organizations.



## **2. Generic Communications**

### **Trusted Partner**

Shorter edits were developed for the TV and radio spots for the Trusted Partner campaign. The campaign has been on air since August 2004 and shorter edits would help improve frequency and reach.

### **Stigma Campaign**

Much progress was made in the quarter and work is at an advanced stage for the ‘Stigma and Discrimination’ mass media campaign. Arrangements for production of the stigma campaign were finalized and production is expected to be completed by the beginning of the second quarter. The campaign will have TV, radio and press executions. The campaign will also be supported by below the line communication materials including posters

The campaign is aimed at those infected and affected by HIV/AIDS. The two-fold objective is to provide a platform to PLAs to understand issues of stigma and to promote knowledge of status among the general population. This is the first time there is active involvement of people living with HIV/AIDS in the development of a mass media campaign in Zimbabwe. Launch of the campaign is targeted for the beginning of the second quarter.

### **Delayed Debut Campaign**

Translations and voice over recordings for both radio and TV were finalized for the two local languages, Shona and Ndebele. Storyboards for the campaign were pre-tested and findings showed high levels of comprehension and relevance. The campaign was also approved by the Ministry of Health and Child Welfare and the Zimbabwe Broadcasting Corporation. The communication objective of the campaign is to transform existing perceptions of what it means to be a “real man” and “real woman” amid pressures that are being confronted by the today’s youth.

An interactive brochure will be developed to help the youth identify with the issues in the campaign and generate a healthy discussion among the peers. It is felt really important to support the campaign at the ground level using innovative interpersonal communication channels. The campaign will be launched officially among members and leaders of various faith based organizations in Zimbabwe. The objective of the launch will be to work closely with youth pastors and leaders to provide a discussion forum for the youth. The campaign will also be supported by a number of other below the line promotional items including banners, stickers, posters and T-shirts.

### **Studio 263**

A number of key health messages were covered during the quarter which includes stigma and discrimination, the importance of post-test support services, HIV and AIDS issues at the workplace, and nutrition for PLAs. The soap was also used as a platform to herald the Valentine promotion, urging clients to know their status as couples.

#### **Stigma and disclosure**

Stigma is currently one of the major barriers to the uptake of HIV/AIDS prevention initiatives in Zimbabwe and is being dealt with through many facets on Studio 263. Several episodes were focused on stigma within the family, in the society and among personal relationships.

In a session at the post test club, Tendai highlights from her experiences in living with the disease that there is a lot of stigma in the society against PLAs. Tendai lays bare the difficulties of disclosing one's status to a loved one as she struggles in her relationship with Bruce. She has not yet informed her boyfriend Bruce about her status and lives in constant fear of being abandoned if he should find out her status. Despite pressures from family members, Tendai explains that she is not yet ready for that level of disclosure but will do so later when she is prepared for it. This is the first time the issue of disclosure within a personal relationship has been explored in the soap opera series. Several conflicts (within herself, with her family, with the counselors) help maintain the suspense around her readiness to tell her boyfriend that she is HIV positive.

Tendai also provides an important platform in the show to deal with stigma within families. At one level, Tendai's family has accepted her HIV status and provides the care and support she needs to live positively. On the other hand, her mother does not want her to go public with her HIV status as she has a standing in the community and does not want to risk that. Her sister, Vimbayi is organizing an HIV/AIDS awareness beauty pageant but does not want her own sister to participate as she will have to reveal her status publicly. However her family is very supportive of her need for a relationship and encourages her to go ahead with Bruce rather than deny herself an opportunity to live life to its fullest.

#### **Discordant Couples**

Several scenes were dedicated to the issue of discordant couples. This is a complicated issue and needed to be covered through various angles (post-test counseling at the New Start centre, detailed discussions with the New Life counselors, testimonies from other discordant couples, discussions with close friends etc.). Siphilisiwe is a strong character in the show and provided an excellent platform to identify issues within a marriage related to discordant results.

#### **Importance of Post test services**

She also became the main character who seeks out information needed by PLAs for positive living. She continues urging her husband, Muwengwa to participate more actively in the post-test centre activities. She explains the type of support services that her husband can take advantage of by visiting the centres.

Muvengwa agreed to visit the centre as an important move towards accepting his status and living positively. The involvement of this discordant couple in the post-test clubs provided an opportunity to cover a range of issues and topics relevant for people living with HIV/AIDS.

Counselors at the post test centre explored key messages which include importance of having a balanced diet, importance of disclosure of status especially to one's loved ones and how to deal with stigma and discrimination in everyday life.

Formation of local support groups was also covered, where Chenai and her church mates having realized the plight of PLAs, deliberated on forming a support group for their Compassion Ministry.

### **HIV/AIDS in the workplace**

In order to show the importance of HIV/AIDS workplace training programmes in high risk industries in the show, the directors of JH construction, Joyce and Esther discuss the need to have an HIV/AIDS policy for their workers and provide information to employees on HIV/AIDS issues. Esther reiterates that it is the company's responsibility to serve its employees regardless of their HIV status. She then scheduled a meeting to discuss the implementation of the HIV/AIDS training within their organization.

### **HIV/AIDS awareness campaigns**

To provide HIV/AIDS information, the concept of the Miss HIV/AIDS was introduced and this initiative has given a platform to provide facts and educate people about the pandemic. The prime organizers, Vimbai and Tom communicated the goal of the campaign in creating an AIDS free generation and that the contestants were selected on the basis of their passion to fight the disease. Various subplots were developed to disseminate information on HIV/AIDS which include discussions with the models, posing some "questions of the week". One of the organizers working for the agency, Pearson, organized a workshop for the models where they were enlightened on stigma and discrimination issues.

Muwengwa who is now working in Siphilisiwe's hair salon discussed HIV/AIDS with his clients (in line with the real hair-salon initiative in Zimbabwe). He and his wife also other discuss modes of HIV transmission (razors, needles etc.) but maintain that unprotected sex is one of the major modes of transmission in Zimbabwe.

Tendai confided her fear of getting her son Ernest tested for HIV. Eve encouraged Tendai to get her child tested, basing her argument on the fact that she underwent through the PPTCT programme.

### **Nutrition for HIV positive people**

Eve visited Tendai who had fallen prey to an opportunistic infection. They both discuss opportunistic infections for PLWAs and the kind of food they are supposed to eat. Tendai and Jabu also discussed the nutritious value of some kinds of food. A lot of nutrition issues were also covered by the counselors during the frequent visits that Muvengwa and Siphilisiwe did at the post test centre.

### **3. Interpersonal Communication Initiatives**

#### **a) Workplace Initiative**

The focus for the quarter was on high risk workplace organizations (mines, farms, bottling companies etc.) and the expansion of the Commercial Sex Workers' (CSW) initiative.

Given the success of the CSW initiative in the Glendale area, the pilot project was expanded to other high risk areas in and around the Kwekwe mining community. CSWs were trained on HIV/AIDS prevention issues with an immediate focus on importance of VCT. They were also provided with access to VCT (at the centres or through mobile VCT) and those who tested HIV positive set up their own post-test support clubs with technical inputs provided by the New Life centres. PSI/Z is working closely with the District AIDS Action Coordinators and other home-based care organizations to provide the CSWs post-test support within the area.

#### **High risk organizations**

During the quarter, training on HIV/AIDS prevention issues was provided to a total of 1,384 employees and peer educators from Mimosa Mining Company, Mobil, Zimasco (National Mining Corporation) and Delta Beverages (Coca Cola Bottlers), Air force recruits from Chegutu and Makwiro Platinum Mine. Major topics discussed include correct and consistent condom use, basic facts on HIV/AIDS, and self risk perception, and risk assessment, importance of knowing one's status, PPTCT, positive living and ARVs. General observations also showed that there is increasing demand among the participants of the workplace training programme to go for VCT. Educational sessions were conducted for 89 Delta employees, 98 employees and 52 spouses from Zimasco (Mining Corporation).

PSI participated in stakeholder meetings with the MOHCW, United Bulawayo Hospitals and Bulawayo City Health. Training sessions were also conducted for Ministry of Health and Child Welfare (MOHCW) employees.

The Exxon Mobil KAP survey was successfully carried out in January and information was disseminated to Mobil management and peer educators. Following the KAP survey there was more appreciation and better understanding of determinants of behavior in the organization. This information is going to be used by peer educators in their sessions. PSI also participated in the Exxon Mobil launch for their workplace program in Harare.

A major highlight of the month was the invitation by the Ministry of Health and Child Welfare (MOHCW) to conduct training for its employees. PSI participated in stakeholder meetings with the MOHCW, United Bulawayo Hospitals and Bulawayo City Health.

**b) Women and Youth**

The quarter was characterized mainly by activities on the expansion of the hair salon initiative. Home meetings were discontinued in January due to budgetary constraints.

**Youth**

Following some meetings with UNESCO it was unanimously agreed that the sessions by the IEC Officers be discontinued to pave way for New Start VCT sessions and New Life post-test services. A total of 500 students participated in sessions conducted at Seke and Belvedere Teachers' College. The sessions covered topics on STIs and HIV/AIDS.

**Hair Salon Initiative**

Mapping for the expansion of the hair salon initiative was completed in Chiredzi, Chivhu, Jerera, Mupandawana, Mutoko, Karoi, Kadoma and Kwekwe. A sensitization exercise was conducted for the local authorities (Rural District Council, DA's office and District AIDS Coordinator) in the new areas of expansion.

365 salons and 878 hairdressers were recruited under the expansion programme of the Hair salon initiative in the new areas mentioned above and in the towns where we presently have the initiative. Budgets, programs and training tools for the care Promoters and hairdressers' trainings for the Expansion of the Hair salon initiative have been compiled. 5 ladies were identified in Chiredzi, Chivhu, Kadoma and Kwekwe to be trained as Care promoters for the new areas.

20 care Promoters supported 727 hairdressers in 331 salons. Promotional materials including posters featuring different hair styles and Studio 263 pocket and wall calendars and pens were distributed to participating hair dressers and hair salon owners in an effort to support this innovative channel.

Care promoters received some new branded uniforms in an effort to spruce up their image. 800 branded aprons for the hairdressers in the salons network were produced and distributed to the hairdressers in the hair salon program. Condom sales and orders by the hairdressers have improved following the distribution of aprons to hairdressers.

**Home Meetings**

Due to budgetary constraints, only 101 home meetings were conducted during the quarter, reaching 391 females. As a way of motivating the hosts, 194 mugs were distributed in home meetings. Issues that came out in the meetings include the challenges that are still being faced by married couples in condom negotiation. Negotiating for safer sex was an issue that needed to be focused on during sessions especially with young ladies.

**c) Mr. Smart Initiative**

The Mr. Smart road shows were successfully conducted along the Chirundu and Mutare border sites in January and February. An aggregate of nine road shows were conducted in these two routes, reaching out audiences in excess of 3,800 people. The two venues that were conducted in Mutare saw some record attendances of 800 and 600 people at Sakubva Township and Meikles Park respectively. The average attendance per venue for the Chirundu highway was 350.

The Mutare City Health Department expressed interest in the Mr. Smart initiative and intends to adopt and implement it through its peer education program. During the next quarter, plans are underway to do continue with the event impact assessment surveys for to get constant feedback on this initiative. The surveys will be simplified and can easily be conducted by the Mr. Smart team during and after the presentations.

Mr. Smart contests were put on hold during the run up to the parliamentary elections and will be resumed later in the month of April.

**d) VCT IPC Initiative**

A new initiative was launched during the quarter. The VCT interpersonal communications initiative is aimed at facilitating linkages between New Start Centers and post-test support service organizations in the respective New Start catchment areas. This was an important recommendation in the joint review report by the USAID DFID review team. Improving linkages between New Start centres and post-test support services is also an important log frame indicator.

The objectives of improving linkages between New Start sites and post-test support organizations will be achieved through stakeholders' meetings and the use of the standard referral tool to track VCT clients accessing post-test support services. Stakeholders meetings will be held in the respective New Start Center areas to sensitize them on the VCT referral initiative and share New Start referral tools. The meetings will also help in establishing the post VCT services offered by the respective stakeholders and soliciting for cross fertilization of the referral system. In areas where New Life is already conducting stakeholders' meeting the VCT IPC initiative will be integrated into these meetings to avoid duplication of efforts.

The referral tools and mechanisms will include the Referral directory currently being developed, the referral client register, networking visits to the service providers and experience sharing workshops with stakeholders.

## **II Q15 Work plan and progress against objectives**

1. Develop a mass media campaign for the Valentines Promotion  
*Campaign was successfully developed and flighted. The promotion led to a significant increase in the number of couples who went through VCT compared to weekly average figures for direct sites. .*
4. Develop a New Life nutritional guide  
*Design was finalized and will go into production in the beginning of the second quarter.*
5. Develop a New Life referral directory  
*Design was finalized and will go into production in the beginning of the second quarter.*
6. Finalize marketing plans for PSI/W.  
*Done.*
7. Develop promotional items for care promoters  
*Done*
8. Develop the Stigma mass media campaign  
*Much progress was made in the quarter and work is at an advanced stage. Arrangements for production of the campaign were finalized and production is expected to be completed by the beginning of the second quarter.*
9. Implement Mr. Smart road show in and around Chirundu border.  
*Done and Mutare border town was also covered in the same quarter.*
10. Conduct workplace activities at Zimasco, DELTA, CSWs in Glendale and linking them to VCT and New Life.  
*Done*

### **III Workplan Q16 (April-June 2005)**

#### **Branded Communications**

- a. Launch the ‘Delayed Debut’ campaign on TV and radio.
- b. Launch the ‘Stigma and Discrimination’ campaign on TV, radio and print
- c. Implement Mr. Smart road shows in two more high risk areas
- d. Finalize the counseling video for New Start centres
- e. Produce and distribute New Life nutritional booklet and referral directory
- f. Launch Delayed Debut campaign with faith-based organizations
- g. Roll out PP wall paintings in 3 regions- Midlands, Masvingo and Mashonaland Central.
- h. Develop concepts for ‘Get Real Phase 2’ campaign to go into storyboard testing research

## **RESEARCH REPORT**

### **I Achievements of the quarter (January – March 2005)**

#### **Conduct MAP survey**

This study sought to answer two main questions; (1) is coverage target being reached in the program area as a whole and/or in specific supervision areas (SAs)? (2) Which supervision areas are doing well and which areas are not doing so well? All the ten provinces were included in this study and were divided into rural and urban. This is because the CSMP is interested in assessing coverage of condoms in all the provinces with a rural/urban distinction. In each of these areas 19 enumeration areas were selected.



High risk meeting places meeting places were used as the units of analysis since the program emphasizes condom availability in high risk meeting places/outlets. However, because high risk meeting places are difficult to list for sampling purposes, comprehensive high risk outlet identification and listing was done. This process entailed asking people where people usually meet. To avoid time wastage by first creating a list of these places for sampling purposes, all identified places were immediately subjected to coverage and access assessment. Coverage benchmark was set at 80%. In other words 80% of all high risk outlets/places were expected to have PP condoms either on the premises or within 100m walking distance.

Findings showed that coverage benchmark was reached in the majority of supervision areas (SAs). SAs that require attention are Bulawayo, Manicaland urban, Masvingo rural and urban, Matebeleland north rural and Mashonaland West rural. Product quality (pricing, display, and promotion) is ok.

### **Conduct workplace assessment**

This study sought to serve as a baseline for the workplace IPC program establishing baseline measures for a set of indicators. The survey involved self completion of survey instruments. Fifty eight employees participated out of a compliment of 78.

Findings showed that there are still huge misconceptions about HIV transmission. For instance, about 20% of employees believe that one can get HIV from mosquito bites, 16% believe that one can get HIV infection from sharing a toilet while about 8% think that HIV is result of witchcraft. A significant proportion (24%) of employees also doubt efficacy of condoms while risk perception and willingness to be tested seem to be low.

### **Conduct brand image study**

The main objective of this study was to assess protector plus brand image in the wake of slower consumer off take. Some specific objectives were to; determine image of PP, determine perceptions towards PP product attributes, and explore possible barriers to use of product. This was a qualitative study comprising 6 focus group discussions with product users.

Findings showed that:

- PP image is described as 'health', 'important', 'necessary' rather than aspirational or 'trendy'.
- There is a Possible boredom with brand/ product but not to the extend of affecting use.
- Misconceptions still exist. For instance some users still believe that wearing more than one condom increases chances of not getting infected.
- No overt indication that absence of PP ads on TV/radio has affected off-take.

Overall, there was neither strong negative brand image nor strong negative attribute issues to explain low off take of the product. Most of the findings were not new.

**Finalize multi-round survey**

Fieldwork was completed and data entry is in progress.

**II Workplan for Q16 (April - June 2005)**

- Finalize Multi-round survey
- Conduct VCT Get Real phase 2 pre-testing
- Disseminate research findings to managers

**Organizational Development Narrative Report by Activity**

**Human Resources**

The staff complement stood at 211 compared to 226 in the last quarter. 19 employees left the organization for a variety of reasons. During the same period, 4 new employees joined PSI/Z. The VCT laboratories have been most affected by the loss of skilled personnel and proposals are underway to try and secure the approval of the Ministry of Health and Child Welfare to have the laboratories manned by lower qualified staff with laboratory skills. Currently our minimum qualification level for a lab scientist is a university degree.

Employee demands for higher salaries continue to increase in direct response to a sharp increase in the cost of living and high inflation. This has affected the morale at all levels of staff, as there were expectations that salaries would be reviewed upwards. In February salaries for the lowest level employees were increased by up to 132%.